Signal Constitution of the	ARIZONA STATE BOARD BUREAQ OF VITAL STATE 1. PLACE OF DUTIL 3. STANDARD CHUTHICAYES
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ARIZONA STATE DI	EPARTMENT OF HEALTH F VITAL STATISTICS 244
	RY REPORT OF BIRTH State File No
Place of Birth*Globe	Gila Local Registrar's No.*
City	County I HEREBY CERTIFY that the child described
EX OF CHILD DATE OF BIRTH	herein has been named
M. Hay 29, 1925	
FULL FATHER	(Mat) (Made) (Last)
NAME Chas. E. Collins	masto, alius.
full* Mother Maiden	(Parent's Signature) 10 4 29 1925
Ophelia Stegall	Date (Month) (Day) (Year)
*These items to be entered by the local registra	r before giving out this form.
VS 40 Rev. 4-51	
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